

Service Log - Case Management

3 Yr. Special Education Reevaluation T1018 TM \$1125.00

-Pink paper form-

Student: _____ **SS#:** _____ **Date of Birth:** _____

Last Name First Name

Diagnostic Code: _____ **School District:** _____ **Supervisory Union:** _____

Check appropriate box to indicate type of eval:

☐ **Initial Evaluation (cannot be reimbursed)**

☐ **Student's first eval but was on IFSP**

☐ **3 Yr. Reevaluation**

☐ **Completed Form 8 (cannot be reimbursed)**

Date**Activity**

- | | |
|--|---|
| ____/____/____ | 1. Phoned/contacted parent/guardian to set date for Evaluation Planning Team meeting. |
| ____/____/____ | 2. Sent notice of Evaluation Planning Team meeting to team participants along with Parental Rights to the parent/guardian. |
| ____/____/____ | 3. Sent Parental Input form to parent/guardian. |
| ____/____/____ | 4. Requested input from other team members to begin the reevaluation process. |
| ____/____/____ | 5. Received Parental Input form from parent/guardian. |
| ____/____/____ | 6. Reviewed previous reports to prepare for evaluation plan meeting. |
| ____/____/____ | 7. Evaluation Planning Team meeting held. |
| ____/____/____ | 8. Prepared Evaluation Plan. |
| ____/____/____ | 9. Sent Evaluation Plan and Consent for Reevaluation form to parent/guardian along with a copy of Parental Rights. |
| ____/____/____ | 10. Distributed Evaluation Plan to other team members. |
| ____/____/____ | 11. Received Consent for Reevaluation form from parent/guardian. |
| ____/____/____ | 12. Sent requests for testing to appropriate professionals along with copy of Evaluation Plan and copy of Parental Consent for Re-evaluation. |
| | Psychologist _____ SLP _____ OT _____ PT _____ |
| | Physician _____ School Nurse _____ Other _____ |
| ____/____/____ | 13. Conducted a regular education classroom observation. |
| ____/____/____ | 14. Compiled testing results to prepare for re-evaluation. |
| ____/____/____ | 15. Sent notice of Reevaluation Eligibility meeting to team participants along with Parental Rights to the parent/guardian. |
| <div style="border: 1px solid black; padding: 2px;">____/____/____</div> | 16. Reevaluation Eligibility meeting held to discuss evaluation results and eligibility status: |
| | Eligible _____ Not Eligible _____ |
| ____/____/____ | 17. Written Evaluation Report prepared and typed. |
| ____/____/____ | 18. Sent copy of Written Evaluation Report to parent/guardian along with a copy of Parent Rights. |

Claims can be submitted only if at least 12 dates are filled in on the lines above. Use date on line 16 as date of claim.

CASE MANAGER'S SIGNATURE: _____ **Date:** ____/____/____

For Medicaid Clerk's Use:

Were 12 dates filled in above? Yes No Date Submitted: ____/____/____ RA Date: ____/____/____